TABLE OF CONTENT
FO2221612

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN: 408-14682-1192-145		Date: 6/7/08	Time: 0230
Location: [redacted] 30th Street West		City or Station: Lancaster	
Bureau/Station/Facility: FOR1 / Lancaster Station		Admin. Investigation: YES ☒ NO ☐	
Type of Force: Significant, Control Holds, Take-down,			
Deputy Injury: YES ☒ NO ☐	Suspect Injury YES ☒ NO ☐		
☐ Call	☒ Observation	☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified: YES ☒ NO ☐	Person Notified: A/Lt. Hill	Emp: [redacted]	IAB Roll Out: YES ☒ NO ☐

Involved Employee

E1

Employee # [redacted]	Last Name: Knight	First Name: Shannon	Middle Name: Eugene
Sex: ☒ Male ☐ Female	Race: W	Unit of Assignment: Lancaster	Work Assignment (Unit #, Module, etc.): 113A
Shift: ☒ EM ☐ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 508 / Weight: 185
☒ Injured ☒ Treated ☐ Admitted	Hospital: Lancaster Community Hospital	Coroner Case #	Directed Force ☐ / Significant Force ☒

E2

Employee # [redacted]	Last Name: [redacted]	First Name: [redacted]	Middle Name:
Sex: ☒ Male ☐ Female	Race: W	Unit of Assignment: Lancaster	Work Assignment (Unit #, Module, etc.): [redacted]
Shift: [redacted] EM ☐ Day ☐ PM	[redacted] Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 507 / Weight: 140
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ / Significant Force ☒

E3

Employee # [redacted]	Last Name: Feder	First Name: Bradley	Middle Name:
Sex: ☒ Male ☐ Female	Race: W	Unit of Assignment: Lancaster	Work Assignment (Unit #, Module, etc.): [redacted]
Shift: [redacted] EM ☐ Day ☐ PM	[redacted] Regular Shift ☐ OT Shift ☐ Off Duty	Age: [redacted]	Height: 507 / Weight: 508
☐ Injured ☐ Treated ☐ Admitted	Hospital:	Coroner Case #	Directed Force ☐ / Significant Force ☒

☐ **Additional Involved Employees**

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[redacted]	Dawson	Theresa	A	Sgt	YES ☒ NO ☐	YES ☒ NO ☐
					YES ☐ NO ☐	YES ☐ NO ☐

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[redacted]	Chambers	David	C

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

Watch Commander (**Print Name**)	Watch Commander's **Signature**:	Emp #:	Date
Jack Ramirez	[redacted]		
Supervisor Completing Form: (**Print Name**)	Emp #:	Copy Provided to Employee by:	Emp #:
Unit Commander (**Print Name**)	Unit Commander's **Signature**:	Emp #:	Date

DISCOVERY Use Only

FO#

Original: Discovery Unit
Copy: Unit Commander

SH-R-438P (Rev. 12/07)

Supervisor's Report on Use of Force
SUSPECT INFORMATION
408 - 14682 - 1192 - 145

Suspect Information

S 1

Last Name: Valenzuela | First Name: Jose | Middle Name: Roberto

AKA Last Name: | First Name: | Middle Name:

Sex: ☒ Male ☐ Female | Race: H | Street Address: [redacted] | City: [redacted] | State & Zip Code: [redacted]

Work Phone: [redacted] | Home Phone: [redacted] | Age: 29 | Height: 509 | D.O.B. 08-30-78 | Weight: 155 | Armed? ☐

Booking #: 1501-602 | Primary Charge Code: 69P.C. | Secondary Charge Code: | Criminal History [redacted]

EMT in attendance? ☐ YES ☐ NO Name: | Unit: | Phone #:

Hospital Admission? ☒ | Rec'd Treatment At: Antelope Valley Hospital | Coroner Case #: | Mental History ☐

By Doctor: Atilla Ulner | Address: 1600 West Avenue J, Lancaster CA. 93534 | Phone #: 661-949-5000

Under Influence: ☒ YES ☐ NO | Substance: Alcohol | Mental Illness ☐

Suspect Interview

Date: 06-07-08 | Time: 0250 | Audiotape: ☐ | Videotape: ☒ | Photos of Injuries: ☐

Suspect Information

S__

Last Name: | First Name: | Middle Name:

AKA Last Name: | First Name: | Middle Name:

Sex: ☐ Male ☐ Female | Race: | Street Address: | City: | State & Zip Code:

Work Phone: | Home Phone: | Age: | Height: | D.O.B. | Weight: | Armed? ☐

Booking #: | Primary Charge Code: | Secondary Charge Code: | Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐

By Doctor: | Address: | Phone #:

Under Influence: ☐ YES ☐ NO | Substance: | Mental Illness: ☐

Suspect Interview

Date: | Time: | Audiotape: ☐ | Videotape: ☐ | Photos of Injuries: ☐

Suspect Information

S__

Last Name: | First Name: | Middle Name:

AKA Last Name: | First Name: | Middle Name:

Sex: ☐ Male ☐ Female | Race: | Street Address: | City: | State & Zip Code:

Work Phone: | Home Phone: | Age: | Height: | D.O.B. | Weight: | Armed? ☐

Booking #: | Primary Charge Code: | Secondary Charge Code: | Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐

By Doctor: | Address: | Phone #:

Under Influence: ☐ YES ☐ NO | Substance: | Mental Illness ☐

Suspect Interview

Date: | Time: | Audiotape: ☐ | Videotape: ☐ | Photos of Injuries: ☐

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
408-14682-1192-145

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	Whalen	Gregory	
[redacted]	Dawson	Theresa	A

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]	[redacted]	35	[redacted]
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Last Name	**First Name**	**Middle Name**	**Age**	**D.O.B.**
[redacted]	[redacted]	[redacted]	26	[redacted]
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Last Name	**First Name**	**Middle Name**	**Age**	**D.O.B.**
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**
Last Name	**First Name**	**Middle Name**	**Age**	**D.O.B.**
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**
Last Name	**First Name**	**Middle Name**	**Age**	**D.O.B.**
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**
Last Name	**First Name**	**Middle Name**	**Age**	**D.O.B.**
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**
Last Name	**First Name**	**Middle Name**	**Age**	**D.O.B.**
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**
Last Name	**First Name**	**Middle Name**	**Age**	**D.O.B.**
Street Address	**City**	**Zip Code**	**Work Ph.**	**Home Ph.**

☐ Additional Witness

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Valenzuela	S1	Knight	E1	PH	ST	FI
Knight	E1	Valenzuela	S1	CT	FR	EL
Valenzuela	S1	[redacted]	E2	RS	NN	
[redacted]	E1	Valenzuela	S1	CT	NN	
Knight	E1	Valenzuela	S1	TT	NN	
[redacted]	E2	Valenzuela	S1	TT	NN	
Valenzuela	S1	[redacted]	E3	RS	NN	
[redacted]	E3	Valenzuela	S1	RH	NN	
Valenzuela	S1	[redacted]	E4	RS	NN	
[redacted]	E4	Valenzuela	S1	CT	NN	
Valenzuela	S1	[redacted]	E5	RS	NN	
[redacted]	E5	Valenzuela	S1	PH	NN	
Valenzuela	S1	[redacted]	E6	RS	NN	
[redacted]	E6	Valenzuela	S1	PH	NN	

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation
4 0 8 - 1 4 6 8 2 - 1 1 9 2 - 1 4 5

Involved Employee

E 4

Employee #: [redacted] | Last Name: [redacted] | First Name: [redacted] | Middle Name: [redacted]

Sex: ☒ Male ☐ Female | Race: H | Unit of Assignment: Lancaster | Work Assignment (Unit #, Module, etc.): [redacted]

Shift: [redacted] EM ☐ Day ☐ PM | [redacted] Regular Shift ☐ OT Shift ☐ Off Duty | Age: [redacted] | Height: 507 | Weight: 508

☐ Injured ☐ Treated ☐ Admitted | Hospital: ______ | Coroner Case #: | Directed Force ☐ | Significant Force ☒

E 5

Employee #: [redacted] | Last Name: [redacted] | First Name: [redacted] | Middle Name:

Sex: ☒ Male ☐ Female | Race: W | Unit of Assignment: Lancaster | Work Assignment (Unit #, Module, etc.): [redacted]

Shift: [redacted] EM ☐ Day ☐ PM | [redacted] Regular Shift ☐ OT Shift ☐ Off Duty | Age: [redacted] | Height: 507 | Weight: 508

☐ Injured ☐ Treated ☐ Admitted | Hospital: ______ | Coroner Case #: | Directed Force ☐ | Significant Force ☒

E 6

Employee #: [redacted] | Last Name: [redacted] | First Name: [redacted] | Middle Name: [redacted]

Sex: ☒ Male ☐ Female | Race: H | Unit of Assignment: Lancaster | Work Assignment (Unit #, Module, etc.): [redacted]

Shift: [redacted] EM ☐ Day ☐ PM | [redacted] Regular Shift ☐ OT Shift ☐ Off Duty | Age: [redacted] | Height: 6-00 | Weight: 200

☐ Injured ☐ Treated ☐ Admitted | Hospital: ______ | Coroner Case #: | Directed Force ☐ | Significant Force ☒

E__

Employee #: | Last Name: | First Name: | Middle Name:

Sex: ☐ Male ☐ Female | Race: | Unit of Assignment: | Work Assignment (Unit #, Module, etc.):

Shift: ☐ EM ☐ Day ☐ PM | ☐ Regular Shift ☐ OT Shift ☐ Off Duty | Age: | Height: | Weight:

☐ Injured ☐ Treated ☐ Admitted | Hospital: ______ | Coroner Case #: | Directed Force ☐ | Significant Force ☐

E__

Employee #: | Last Name: | First Name: | Middle Name:

Sex: ☐ Male ☐ Female | Race: | Unit of Assignment: | Work Assignment (Unit #, Module, etc.):

Shift: ☐ EM ☐ Day ☐ PM | ☐ Regular Shift ☐ OT Shift ☐ Off Duty | Age: | Height: | Weight:

☐ Injured ☐ Treated ☐ Admitted | Hospital: ______ | Coroner Case #: | Directed Force ☐ | Significant Force ☐